STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
39C0001289		CENTER A PRINCIPAL	B. WING:					
NAME OF PROVIDER OR SUPPLIER: AMBULATORY SURGERY CENTER AT ST MARY, LLC, THE			STREET ADDRESS, CITY, STATE, ZIP CODE: 1203 LANGHORNE - NEWTOWN ROAD M-10 LANGHORNE, PA 19047					
STATE LICENS	E NUMBER: 22851501		LANGHORN	E,1 A 17047				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT			S 0000				
	This report is the result of a State Relicensure survey conducted on February 3, 2023, at Ambulatory Surgery Center at St. Mary. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.							
S 6753				S 6753				
LABORATORY	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:							

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PLAN OF CORRECTION (POC) (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 39C0001289			(A2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		COMPLETED: 02/03/2023		
NAME OF PROVIDER OR SUPPLIER: AMBULATORY SURGERY CENTER AT ST MARY, LLC, THE STATE LICENSE NUMBER: 22851501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1203 LANGHORNE - NEWTOWN ROAD M-10 LANGHORNE, PA 19047				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX TAG CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE AF		OULD BE	(X5) COMPLETE DATE
S 6753	MUST BE PRECEEDED BY FULL REGULATORY OR LSC			S 6753	The facility has drafted two policies: 1) Single Use Med Devices & Equipment and 2 Cleaning, Packaging and Ste of Instruments. These policipresented to the Safety Comfor review and approval. The Committee recommended apfor Board review on 2/16/23 Board meeting is currently scheduled for 3/13/23, at whithe policies will be formally approved and adopted. In the meantime, all clinical staff weducation on both policies, to documented and complete not than 3/1/23. The Director of Nursing will incorporate observation and of single use items during meory redevelopment/update, staff education, and ongoing survivill ensure the problem does recur.	dical) crilization ies were mittee e oproval . The dich time e vill receive o be o later I review onthly f eillance	Completion Date: 03/01/2023 Status: APPROVED Date: 02/27/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
39C0001289			A. BLDG: B. WING:		02/03/2023			
NAME OF PROVIDER OR SUPPLIER: AMBULATORY SURGERY CENTER AT ST MARY, LLC, THE STATE LICENSE NUMBER: 22851501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1203 LANGHORNE - NEWTOWN ROAD M-10 LANGHORNE, PA 19047					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6753	MUST BE PRECEEDED BY FULL REGULATORY OR LSC		ined the ices were elines. If facility f single y ped g ved above 23, at irmed, "I truments ther	S 6753				

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Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDENTI		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001289			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 02/03/2023		
NAME OF PROVIDER OR SUPPLIER: AMBULATORY SURGERY CENTER AT ST MARY, LLC, THE			STREET ADDRESS, CITY, STATE, ZIP CODE: 1203 LANGHORNE - NEWTOWN ROAD M-10 LANGHORNE, PA 19047						
STATE LICENS	E NUMBER: 22851501		LANGHORN	E, FA 1904	I				
(X4) ID PREFIX TAG	MUST BE PRECEED!		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
S 6753	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION) Continued from page 3 Interview on February 3, 2023 at approximatory 1:45 PM with EMP2 confirmed the facility was able to provide a policy for disposal of single equipment.		was not	S 6753					

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Certified End Page

AMBULATORY SURGERY CENTER AT ST MARY, LLC, THE

STATE LICENSE NUMBER: 22851501 SURVEY EXIT DATE: 02/03/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY